

# CHILD SERVICES COORDINATOR GRANT PROGRAM

---

Operations Manual – Fiscal Year 2007



**Department of Housing and  
Community Development**

Division of Housing  
501 North Second Street  
Richmond, VA 23219  
Phone: 804-371-7110  
Fax: 804-371-7091

## TABLE OF CONTENTS

Program Year .....	1
Program Intent .....	1
Eligible Use of Funds.....	1
Description of Required Services .....	1
Health Services .....	2
Mental Health Services .....	2
Education Services .....	2
Related Services.....	3
Funding Allocations.....	4
General Expectations .....	4
Requesting Funds.....	4
Reporting.....	5
Forms .....	5
Contact Information .....	6
Communications .....	6
Monitoring .....	6
Attachment I – Request for Reimbursement.....	7
Attachment II – Documentation of Payments.....	8

# **CHILD SERVICES COORDINATOR GRANT**

## **PROGRAM YEAR**

Fiscal Year 2007 begins on July 1, 2006 and ends on June 30, 2007.

## **PROGRAM INTENT**

The goal of Child Services Coordinator Grant (CSCG) is to address the special health care, mental health, and educational needs of homeless children residing in either emergency shelters or transitional housing programs. This will be accomplished by providing funds to employ a Child Services Coordinator(s) who is solely responsible for ensuring the needs of the children are being met.

The Child Services Coordinator (CSC) is responsible for screening children entering a facility. Any child with identified health or mental health needs must be referred to the most appropriate community resource for care and treatment. Each school age child, during the school year, must be enrolled in school. As time permits, CSCs may provide parent education training programs, individual or group counseling for the children or other therapeutic activities that will help a child adjust to shelter living or enhance efforts to address other identified personal needs.

CSCs are not to be used for general shelter shift coverage, providing child care services, transporting clients, or other general recreational activities.

## **ELIGIBLE USE OF FUNDS**

Grant funds are to be used to pay the salary or wages and any other associated personnel costs for a professional Child Services Coordinator.

These positions must be filled by persons with a bachelor's degree in a human services field such as social work, early childhood development, or psychology, etc. Persons with an associate's degree in a related field and at least two years of related work experience can also be employed as a CSC.

An exception must be obtained from DHCD if a CSC was employed prior to July 2006 and does not meet this minimum standard. A criminal record check must be completed for any CSC.

## **DESCRIPTION OF REQUIRED SERVICES**

For FY 2007 there are revised screening forms that must be used. We understand some children only stay in a shelter one or two nights and it may not be possible to complete all the required forms. Grantees are expected to fulfill the following expectations:

- The General Child Intake Form must be filled out on each child entering the program within 24 hours.
- The Physical Health, Mental Health and Educational Screening forms must be completed by the end of the fourth day of residence.

- A separate case file must be created and maintained on each child admitted into the program and who has stayed longer than four (4) days.
- For families who stay less than four (4) days, all the child related documents should be placed in a family's case file.
- Based on the results of the screenings, an Individualized Service Plan must be developed with the parent(s) to explain the services a child will receive.
- Any actions or activities on behalf of the child must be documented in case notes.
- Grantees are expected to use the DHCD forms unless a written waiver is given by the DHCD Program Administrator.

The following details the required and recommended services of the CSC.

## **Health Services**

### **Required Services:**

- Health screening for children who remain in the program four days and longer. CSCs are expected to make referrals for any necessary care or treatment.
- Make provisions for required immunizations and inoculations as necessary.

### **Recommended Services:**

- Refer children with acute problems to appropriate treatment resources.
- Arrange school physicals.
- Institute or increase the number of in-house training sessions for program staff and parents regarding infectious diseases.
- Provide training to shelter staff regarding universal precautions.
- Arrange in-shelter education for basic preventative health practices (nutrition, hand washing, etc.).

## **Mental Health Services**

### **Required Services:**

- Mental health screening of each child over the age of five that remains in the program longer than four days.
- Referrals must be made if there is a clear indication that the child should be seen by a licensed mental health professional for a more thorough assessment.
- Children under the age of five should be screened if there are clear indications that the child is exhibiting serious emotions or behaviors that are not age appropriate.

### **Recommended Services:**

- Establish contacts with school counseling staff representing area school systems.
- Coordinate educational efforts to inform homeless parents of the psychological effects of homelessness on their children.
- Arrange participation of children and youth in various therapy and support groups.
- Establish contacts with community services boards in the region.

## **Education Services**

### **Required Services:**

- Complete the appropriate Pre-School or School Age Screening form on each child who remains in the program longer than four days.

- During the school year, coordinate efforts between the shelter, area school(s) and Project HOPE to expedite student enrollment in schools, student evaluation for special services for children when necessary and make arrangements for transportation.

**Recommended Services:**

- Facilitate enrollment of homeless preschoolers in programs such as Headstart and Evenstart.
- Organize tutorial and remedial education services within the shelter or with schools and other agencies.
- Provide parental awareness programs on children's educational rights and resources.
- Provide professional development for educators and other school personnel regarding homelessness.

**Related Services**

**Required Services:**

- Ensure a confidential release and exchange of information form is signed by the parent or legal guardian.
- Develop and maintain for staff and parents, a comprehensive resource list of children's resources in the community.

**Recommended Services:**

- Initiate community awareness campaigns informing service providers of the issues concerning homeless children.
- Serve as informant providing information on childcare services and transportation.

**FUNDING ALLOCATIONS**

Funding allocations for FY 07 are:

**CSCs for Emergency Shelters**

- \$26,250 is allocated for each fulltime position.
- \$13,125 is allocated for each ½ time position.
- Funding decisions were based on the average number of new children admitted each month during the time period July 1, 2005 – December 30, 2006.
  - Shelters accepting fewer than 5 children per month on average did not receive funding.
  - Shelters accepting between 5 and 10 children per month on average received funding for one half-time position.
  - Shelters accepting between 11 and 16 new children per month on average received funding for one fulltime position.
  - Funding for additional full or part-time positions was determined by the above stated ratios.
  - No agency will receive funding for more than three full time positions.

### **CSCs for Transitional Housing**

- \$26,250 is allocated for each fulltime position.
- \$13,125 is allocated for each ½ time position.
- Funding decisions were based on the average number of children in residence each day during the time period July 1, 2005 – December 30, 2006.
  - Programs averaging fewer than 20 children in residence each month were not funded.
  - Programs averaging between 20 and 45 children in residence each month received funding for one half-time position.
  - Programs averaging between 45 and 70 children in residence per month received funding for one full time position.
  - Funding for additional full or part-time positions was determined by the above stated ratios.
  - No agency will receive funding for more than three full time positions.

## **GENERAL EXPECTATIONS**

- The original Fiscal Year 2007 Grant Agreements must be returned to DHCD by September 1, 2006. Payments will not be released until the agreements are received.
- Child Services Coordinators must be employed and prepared to assume their job responsibilities by August 15, 2006. A grantee may lose their grant award if there is no dedicated staff to fulfill the CSC responsibilities by this date.
- DHCD reserves the right to reduce grant awards for any agency not spending money at an appropriate rate.
  - Approximately one half of the grant award should be drawn down by January 1<sup>st</sup>.
  - Approximately 3/4ths of the grant award should be drawn down by April 1<sup>st</sup>.

## **REQUESTING FUNDS**

Please note that a portion of the CSCG grant allocation is TANF funds and a portion of the grant allocation is funds from the State General Fund. These are denoted on your grant agreement.

**All TANF funds must be expended by April 30, 2007 and TANF reimbursements must be requested by May 15, 2007** or the unexpended balance grant funds will be reduced by the unused portion. Therefore, DHCD recommends that grantees use the TANF portion of their allocations prior to using the State General Fund portion of their allocations.

**Grant funds are available on a reimbursement basis only.** A request for the previous month's expenses must be received by DHCD **by the 15<sup>th</sup>** of the month following the expenditure. To request reimbursement, a Request for Reimbursement (Attachment I) must be submitted to DHCD. **Please note on the Request for Reimbursement that the source of funding (State General Fund or TANF) must be completed as well as the corresponding grant number (CS-XX or CSTF-XX).** A Documentation of Payments form (Attachment II) must be submitted with the Request for Reimbursement. **Please note on the Documentation of Payments form that the source of the funding (State General Fund or TANF) must be completed as well as the corresponding grant number (CS-XX or CSTF-XX).**

If your agency is not receiving funds via “electronic transfer”, please sign up for an account as soon as possible. Go to the Virginia Department of Accounts web site:

<http://www.doa.state.va.us/>

On the menu of options on the left hand side of the page click on EDI (Electronic Data Interchange). This link provides instructions to set up an account. Once you have established an account, your funds will be deposited directly into your bank account.

## REPORTING

Statistical Reports are due on a quarterly basis:

Time Period	Due Date
July 1 - September 30, 2006	October 10, 2006
October 1 – December 31, 2006	January 10, 2007
January 1 – March 31, 2007	April 10, 2007
April 1 – June 30, 2007	July 10, 2007

## FORMS

All required forms and documents can be found on the DHCD Homeless Programs Yahoo Group site.

<http://groups.yahoo.com/group/DHCDHomelessPrograms/>

The following forms are attached to this manual:

- ✓ Request for Reimbursement
- ✓ Documentation of Payments

## CONTACT INFORMATION

For questions or further information, please contact Joe Speidel in the Housing and Homeless Assistance (HHA) unit:

- Telephone: (804) 371-7175
- Facsimile: (804) 371-7091
- E-mail: [joe.speidel@dhcd.virginia.gov](mailto:joe.speidel@dhcd.virginia.gov) or [HHA@dhcd.virginia.gov](mailto:HHA@dhcd.virginia.gov)

DHCD’s mailing address is: Virginia Department of Housing and Community Development, 501 North Second Street, Richmond, Virginia 23219.

## **COMMUNICATIONS**

A considerable amount of information and program updates are sent to grantees via E-mail. All grantees are expected to have at least one E-mail account through which they can receive these messages. It is strongly encouraged that child services coordinators be allowed to send and receive E-mail messages.

All grantees are strongly encouraged to join the DHCD Homeless Programs Group site on Yahoo. Please contact Joe Speidel if you have not yet registered with Yahoo and joined this group. All CSCG program documents are posted on this site.

Also, grantees are expected to notify DHCD of any change in the E-mail address.

## **MONITORING**

DHCD staff will monitor use of CSCG funds with a thorough review of all reports and back-up documentation submitted. In addition, DHCD staff may conduct on site reviews of administrative, financial and programmatic components. On site monitoring will be scheduled in advance. When possible, on site CSCG monitoring will be conducted in conjunction with monitoring for the Child Care for Homeless Children's Program, Shelter Support Grant and the Emergency Shelter Grant program

**REQUEST FOR REIMBURSEMENT****Child Services Coordinator Grant**

Fiscal Year 2007

On behalf of (*agency name*) \_\_\_\_\_, I hereby request Child Services Coordinator Grant funds in the amount of \$\_\_\_\_\_ in accordance with the Grant Agreement between the GRANTEE and the Virginia Department of Housing and Community Development (DHCD). The purpose of the funds is to provide reimbursement for eligible payments as defined in the FY 2007 Operations Manual. Records will be kept of all expenditures and submitted to DHCD as required and per the terms of the Grant Agreement.

Request # \_\_\_\_\_ Federal Identification Number: \_\_\_\_\_

Source of funding (mark appropriate source and enter corresponding grant number):

\_\_\_\_\_ State General Fund Grant #: 07-CS-\_\_\_\_\_

\_\_\_\_\_ TANF funds Grant #: 07-CSTF-\_\_\_\_\_

Grantee Name: \_\_\_\_\_

Address: (*where payment should be sent if agency is not using Electron Transfer of funds.*)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed or Typed Name of Authorized Official

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed or Typed Title

\_\_\_\_\_  
Date

FOR DHCD USE ONLY		
<b>Cost Code</b>	<b>Project Code</b>	<b>Amount to be Charged</b>
_____	_____	\$ _____
_____	_____	\$ _____
<b>Total</b>		\$ _____
By _____	<input type="checkbox"/> Non-Profit	Date _____
	<input type="checkbox"/> Local Government	

**DOCUMENTATION OF PAYMENTS**  
Child Services Coordinator Grant  
 Fiscal Year 2007  
**(Must be submitted with Request for Reimbursement)**

Agency Name: \_\_\_\_\_

Time Period: \_\_\_\_\_ to \_\_\_\_\_

Source of funding (mark appropriate source and enter corresponding grant number):

\_\_\_\_\_ State General Fund                      Grant #: 07-CS-\_\_\_\_\_

\_\_\_\_\_ TANF funds                                      Grant #: 07-CSTF-\_\_\_\_\_

Person Completing Form: \_\_\_\_\_

Number of funded CSC positions: \_\_\_\_\_

Check #	Date	CSC Name	Salary Costs	Fringe Benefits	Amount paid to the CSC
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
<b>Total amount of the reimbursement request</b>					<b>\$</b>